

# APPLICATION FOR CAREER AND TECHNICAL EDUCATION LICENSE

## And Trade and Technical Education Endorsement(s) or Endorsement Plan (SAEP)

Last Name	First Name	Middle Name	Date	SS # or CACTUS ID #
Home Address			City	State
			Zip	Birth Date
E-mail Address			Work Phone (     )	Home Phone (     )
I am teaching at _____ (School) _____ (District) <input type="checkbox"/> Not Teaching Check your current Educator License area: <input type="checkbox"/> Secondary Education <input type="checkbox"/> Career & Technical <input type="checkbox"/> CTE/APP <input type="checkbox"/> No License Area				

<b>Check only one</b>	<input type="checkbox"/> I am requesting a CTE License and have attached the appropriate documentation. <input type="checkbox"/> I am requesting an endorsement(s). All endorsement requirements have been completed and the appropriate documentation is attached. A <b>*\$35.00</b> endorsement evaluation fee is included. <input type="checkbox"/> I am requesting a SAEP. All endorsement requirements will be completed within the timeframe identified in the plan. A payment of <b>*\$30.00</b> from my district is included.
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Trade and Technical Education Endorsement Area(s) For Which You Are Applying:		
Communication <input type="checkbox"/> TV Broadcasting Technician Visual Arts <input type="checkbox"/> Commercial Art <input type="checkbox"/> Commercial Photography Personal and Miscellaneous Services <input type="checkbox"/> Cosmetology/Barbering <input type="checkbox"/> Culinary Arts/Chef Protective Services <input type="checkbox"/> Fire Science <input type="checkbox"/> Law Enforcement	Construction Trades <input type="checkbox"/> Carpentry <input type="checkbox"/> Electrician <input type="checkbox"/> Masonry/Tile Setting <input type="checkbox"/> Plumbing Mechanics and Repairs <input type="checkbox"/> Aircraft Mechanics Technician <input type="checkbox"/> Automotive Collision Repair Technician <input type="checkbox"/> Automotive Services Technician <input type="checkbox"/> Electronics Technician <input type="checkbox"/> Heating/AC/Refrigeration <input type="checkbox"/> Heavy Duty Mechanics/Diesel <input type="checkbox"/> Small Vehicle Technician	Precision Production Trades <input type="checkbox"/> Cabinet Making/Millwork <input type="checkbox"/> Drafting/CAD <input type="checkbox"/> Graphics/Printing <input type="checkbox"/> Machinist Technician/CNC <input type="checkbox"/> Sheet Metal <input type="checkbox"/> Welding Technician Transportation and Material Moving <input type="checkbox"/> Commercial Aircraft Pilot  Other _____

Employment Record (Related to the endorsement area(s) for which you are applying – <b><i>(Exclude teaching experience)</i></b> )								
From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Verification Attached
M	Yr	M	Yr					
								<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain Duties & Responsibilities:								
From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Verification Attached
M	Yr	M	Yr					
								<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain Duties & Responsibilities:								
From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Verification Attached
M	Yr	M	Yr					
								<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain Duties & Responsibilities:								

Employer evidence letters verifying your work expertise and experience  
must be submitted with this application.

<b>Education</b> If additional space is required, please attach a separate sheet of paper.									
Name of School	From		To		Graduation Year	Degree	Major/Minor/Composite		
	M	Yr	Mo	Yr					

<b>Course Work (For SAEP only)</b> Attach a copy of the transcripts						
Name of Institution	School term	Course No.	Course Name	Credits	Instructor	Date to be completed

<b>Industry Certifications/ NOCTI Exam</b> (Attach Documentation)			
Certification	Date Tested	Date Obtained	Date to be completed

<b>Internship Record (For SAEP only)</b>				Letters from employers verifying internship experience, including date, must be submitted with application			
From		To		Total Months	Company Name & Address	Immediate Supervisor (Name and title)	Date to be completed
Mo	Yr	Mo	Yr				

<b>References</b> (Teaching and/or Employment)			
Name	Address	Position	Phone

<b>Applicant Signature</b>	<b>X</b>	<b>Date</b>	
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**----- Information below to be completed by USOE personnel -----**

License Recommended:	<input type="checkbox"/> CTE/APP Level 1 <input type="checkbox"/> CTE Level 1 <input type="checkbox"/> CTE Level 2
Attach Endorsement to:	<input type="checkbox"/> Secondary Education License <input type="checkbox"/> CTE License
SAEP Approved for ____ years	____ work credits             ____ course credits             ____ total credits
Approved Endorsement(s):	
<b>USOE Specialist(s) Approval:</b>	
Signature _____	Date _____
Submit completed application, official transcripts, and/or other documentation to: <b>Stephanie Ferris</b> , USOE Educator Quality and Licensing, 250 East 500 South, PO Box 144200, Salt Lake City, UT 84114-4200, Phone: (801) 538-7752 If applying for an endorsement or a SAEP, \$35.00 endorsement fee or \$30.00 SAEP fee must be included with this application (*see explanation on front of application)	
<b>Licensure Clearance</b>	